		BOARD OF HEALTH	State File No. 100
I. PLACE OF BIRTH		CIPICATE OF BIRTH	Rogistored No.
County Sula	***************************************	State any ma	
District or Township	***************************************	or Village	
ou Housely	W No.		St
	(If birth occurred in a	a hospital or institution, give its NA	ME instead of street and number) If child is not yet named, make
2. Full name of child.	enwyeg	and of	supplemental report, as directed.
Sex of Child To be answered in event of plus births.		01 b	
3. 0	АТ НЕК	11.0 01. H	фтивя_
Pulkgaing A A	decilais.	Full malden name	V Faraia
Residence (Usual place of a party	2 July	15. Residence (Usual place of the Co	yolin
If non-resident, give place an	d sixto.	If non-resident, give place and	State.
O. Color or race	0/	16. Color or race	
lle 11.	Age at last birthday. A(Years)	Mer 17. As	ce at last birthday (Years)
	in of of		Na.
2. Birthplace (city or fraction		18. Birthplace (city or place)	27 again
(State or country) 3. Occupation	(M) 1	(State or country)	The state of
" Occupation No 00	of Vittal	19. Occupation Nature of Industry	it wife
Nature of Industry	f -	industry of industry	
 Number of children of this Taken as of time of birth of che catified and including this child 	الله المعملة كا (b) Born ally	e and now living 21. We the but now dead 2	precautions taken against ophila neonatorum?
		NG PHYSICIAN OR MIDWIRE	<i>a</i>
	the birth of this child, who was,	(Norn alive on stillboar)	on the date above stated.
"When there was no atlend or midwife, then the father, etc., should make this return. child is one that neither	Ing physician householder, A stillborn hersthes nor	harbiss	ductous
snows other evidence of life i	uter bitth.	1/-	(Physician or midwite.)
von name added from supplement report	nth, day, year	Norwy	un ang,
	Filed.	Dry 11, 1031 &	572 Duck
H 29.	Registrar.		Registrar,
1 0 1	. 1100(~011	المنافعة الم	